24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	EXI END	TOTILO		PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection				C00490375
Check if 24-hour report				
Full Name of Payee Direct Opportunities Group, LLC			M = M	blic Distribution/Dissemination
Mailing Address 228 Park Avenue South 28822			Amount	18 2016
City S	State NY	Zip Code 10003	Transactio	25000.00 n ID : D821657
Purpose of Expenditure Digital ad buy & production costs		Category/	Date of Dis	bursement or Obligation 17
Name of Federal Candidate CAFORIO, BRYAN, , ,		✗ Support	Office Sought:	House District: 25
Calendar Year-To-Date		Oppose 25000.00	Disbursement For:	Senate State: CA Primary General
Per Election for Office Sought Full Name of Payee	7	23000.00	Other (specify) ►blic Distribution/Dissemination
Direct Opportunities Group, LLC Mailing Address 228 Park Avenue South 28822			10	/ 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State	Zip Code	Amount	25000.00
New York	NY	10003		ID: D821658 Sursement or Obligation
Purpose of Expenditure Digital ad buy & production costs		Category/ Type	10	17 / 2016
Name of Federal Candidate CAIN, EMILY, , ,		Support Oppose	Office Sought: President	House District: 02 Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		25000.00	Disbursement For 2016 Other	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			·	50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Kuhl, Martha , , ,	[Electroni	ically Filed] Date	10 / 19	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼				
National Nuises Office for Fatient Flotection	C C00490375				
Check if 24-hour report 48-hour report New report Amend	ds report filed on Man / Dan / Yayayay				
Full Name of Payee	Date of Public Distribution/Dissemination				
Direct Opportunities Group, LLC	10 18 2016				
Mailing Address 228 Park Avenue South 28822	Amount				
City State Zip Code	25000.00				
New York NY 10003	Transaction ID : D821659 Date of Disbursement or Obligation				
Purpose of Expenditure Digital ad buy & production costs Category/ Type	10 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate	port Office Sought: 🗶 House District: 02				
CRAIG, ANGELA, DAWN, ,	oose President Senate State: MN				
Calendar Year-To-Date Per Election for Office Sought 25000.00	Disbursement For: Primary ✓ General 2016 Other (specify)				
Full Name of Payee	Date of Public Distribution/Dissemination				
Direct Opportunities Group, LLC	10 18 2016				
Mailing Address 228 Park Avenue South 28822	Amount				
City State Zip Code	25000.00				
New York NY 10003	Transaction ID : D821660 Date of Disbursement or Obligation				
Purpose of Expenditure Digital ad buy & production costs Category/ Type	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	port Office Sought: 🗶 House District: 19				
TEACHOUT, ZEPHYR, , ,	oose President Senate State: NY				
Calendar Year-To-Date Per Election for Office Sought 25000.00	Disbursement For: Primary ✓ General Other (specify) ✓				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	100000.00				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Kuhl, Martha , , , [Electronically Filed]	Date 10 19 2016				
Signature					

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